Veterans Health Care
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1: Am J Epidemiol. 2003 Sep 1;158(5):457-67.
Gulf War veterans and Iraqi nerve agents at Khamisiyah: postwar hospitalization data revisited.
Smith TC, Gray GC, Weir JC, Heller JM, Ryan MA.
Chemical warfare agents were demolished by US soldiers at Khamisiyah, Iraq, in March 1991. The authors investigated postwar morbidity for Gulf War veterans, contrasting those who may have been exposed to low gaseous levels of nerve agents and those unlikely to have been exposed. Cox regression modeling was performed for hospitalizations from all causes and hospitalizations from diagnoses within 15 categories during the period March 10, 1991, through December 31, 2000, for the duration of active-duty status. After adjustment for all variables in the model, only two of 37 models suggested that personnel possibly exposed to subclinical doses of nerve agents might be at increased risk for hospitalization from circulatory diseases, specifically cardiac dysrhythmias. Of the 724 hospitalizations for cardiac dysrhythmias, 203 were in the potentially exposed group, slightly higher than expected (risk ratio = 1.23, 95% confidence interval: 1.04, 1.44). The increase was small in comparison with potential observational variability, but the findings are provocative and warrant further evaluation. Veterans possibly exposed to nerve agents released by the Khamisiyah demolition were not found to be at increased risk for hospitalizations from any other chronic diseases nearly 10 years after the Gulf War.
PMID: 12936901

2: Clin J Pain. 2003 Sep-Oct;19(5):298-305.
Rapid improvement in pain management: the Veterans Health Administration and the institute for healthcare improvement collaborative.
Cleeland CS, Reyes-Gibby CC, Schall M, Nolan K, Paice J, Rosenberg JM, Tollett JH, Kerns RD.
BACKGROUND: Poor pain management persists in health care. Although common practice errors in pain management have been identified and standards and guidelines for pain management have been published, improvement has been modest. With the goal of rapid improvement in pain management, a joint Collaborative (Veterans Health Administration and Institute for Healthcare Improvement) was conducted from May 2000 to January 2001. OBJECTIVE: To improve delivery of pain management to VHA patients and to compare team process and patient report data on key goals from selected study units. METHODS: Charts were reviewed for outcome and process measures. Measures included changes in percentage of patients with (1) moderate to severe pain, (2) documentation of a pain assessment, (3) documentation of a pain care plan, and (4) documentation that

the patient received pain education. RESULTS: Seventy teams from 22 Veteran's Integrated Service Networks throughout the U.S. participated. Moderate or severe pain on study units dropped from 24% to 17%; pain assessment increased from 75% to 85%; pain care plans for patients with at least mild pain increased from 58% to 78%; and number of patients provided with pain educational materials increased from 35% to 62%. DISCUSSION: Significant progress toward the target goals was reported during the Collaborative period. This improvement needs to be viewed in the context of a VHA system-wide effort to improve pain management. Data suggest that a program of team formation, goal identification, testing and adaptation of recommended system changes, sharing and feedback of process and outcome information can produce significant change in pain management in a major health care organization.
PMID: 12966255

3: J AHIMA. 2003 Mar;74(3):25.
VA Puget Sound reaps benefits of automation.
Burrington-Brown J.
PMID: 13677343

4: J Am Med Womens Assoc. 2003 Summer;58(3):173-7.
Ethnic disparity in the treatment of women with established low bone mass.
Wei GS, Jackson JL, Herbers JE Jr.
OBJECTIVE: To assess the extent of bone-health treatment and to test for racial differences in that treatment among black and white women with documented low bone mass. METHODS: All women who underwent central dual-energy X-ray absorptiometry testing at the Washington, DC Veterans Affairs Medical Center (VAMC) from January 1, 1998 through October 15, 2001 were identified via the VAMC's computerized patient record system. Self-administered questionnaires measuring patient demographics, fracture history, and presence of appropriate bone-health treatments were mailed to those with T scores < or = -1.0 (n=110). RESULTS: Seventy-five women (68%) completed the survey (mean 61 years old, 55% white and 35% black). There were no statistically significant differences between black and white women in smoking (71% nonsmokers), avoiding excess alcohol (95%), or exercising regularly (68%). Eighty-one percent reported taking calcium supplements, 71% vitamin D supplements, and 56% antiresorptive medications; whites were significantly more likely than blacks to be taking calcium supplements (90% v 69%, p=.048) and antiresorptive drugs (71% v 35%, p=.004). The racial difference in antiresorptive medication use remained significant after adjusting for bone loss severity and prior fractures (odds ratio 3.71; 95% confidence interval 1.24, 11.0). CONCLUSION: Women with low bone mass treated at the Washington, DC VAMC reported high rates of bone-building behaviors and the use of calcium and vitamin D supplements and somewhat lower rates of antiresorptive drug use. Whites were more likely than blacks to be taking calcium supplements and antiresorptive drugs. The causes of these disparities should be identified in future studies.
PMID: 12948109

5: J Epidemiol. 2003 Jul;13(4):203-10.
Relationship between social demographic factors and survival within one year of hospital discharge in a cohort of elderly male patients.
Liu L, Sullivan DH.

BACKGROUND: Little is known about the impact of social demographic factors on post-discharge mortality among the hospitalized elderly. METHODS: A one-year prospective study was conducted in a random sample of 646 male patients aged 65 or older who were discharged from a university affiliated Veterans Administration Hospital at Little Rock, AR, USA. Within 48 hours of admission, each subject completed a standardized diagnostic evaluation. Mortality was recorded for all causes. Associations between patient characteristics at hospital discharge and mortality were identified utilizing univariable and multivariable (Cox proportional hazard regression) statistical techniques. RESULTS: The mean (SD) age was 73(+/-6) years. Within one year of hospital discharge, 83 patients (13%) died. Multiple social demographic factors were significantly associated with mortality in univariable analysis. After controlling for age, Katz index of ADL score, Charlson co-morbidity index and length of hospitalization, risk of one-year post-discharge mortality remained significantly associated with marital status, race, education, and occupational class. When all of the social demographic factors were included in a stepwise procedure, marital status, education and occupational class were selected as the strongest predictors of mortality. The adjusted hazard ratios (95% confidence interval) of mortality associated with non-married status, education < 6 years, and history of having a blue-collar occupation were 2.01 (1.29-3.15), 1.86 1.05-3.32), and 2.16 (1.03-4.54) respectively. CONCLUSION: The results suggest that social demographic factors are independent determinants of mortality among elderly patients. These factors should be used as important indices in identifying patients at higher risk of death in clinical assessments and in prevention programs for elderly patients after hospital discharge.
PMID: 12934963

6: J Gerontol Nurs. 2003 Aug;29(8):31-6.
Disruptive behaviors of older adults in an institutional setting. Staff time required to manage disruptions.
Souder E, O'Sullivan P.
This study, as part of a larger project, examined the actual time recorded by nursing staff to manage 36 disruptive behaviors in older adults who are institutionalized. Disruptive behaviors were defined as socially unacceptable or isolating, observable actions with negative consequences. A prospective study was conducted using a sample of 153 patients in a Veterans Affairs institution (mean age = 72.6, SD = 10.8). Data related to time to manage disruptive behaviors were collected during 21 consecutive shifts for each patient. Nursing staff did not always intervene in all disruptive behaviors that occurred. When they did intervene, total time to manage a disruptive behavior ranged from 5.7
to 201.5 minutes (mean = 23.1 minutes, SD = 31.9).
PMID: 13677158

7: J Vasc Surg. 2003 Sep;38(3):629.
Veterans Affairs (VA) Cooperative Study #362.
Tangelder MJ, Algra A, Lawson J, van Urk H, Eikelboom BC; Steering Committee of the Dutch BOA Study.
PMID: 12968602

8: Jt Comm J Qual Saf. 2003 Sep;29(9):479-89.
How well do automated performance measures assess guideline implementation for new-onset depression in the Veterans Health Administration?
Kramer TL, Owen RR, Cannon D, Sloan KL, Thrush CR, Williams DK, Austen MA.

BACKGROUND: Because most guidelines focus on patients with new episodes of depression, algorithms to identify such samples must be accurate. This study examined whether the Veterans Health Administration's (VHA's) electronic medical record database could identify valid cases of new-onset depression. RESULTS: Of 109 individuals receiving outpatient care at one of three VHA medical centers who were identified with newly diagnosed depressive disorder, 39 (35.8%) actually had documentation of depression diagnosis and antidepressant prescription or other treatment within the previous six months. Good to excellent agreement was found between indicators of guideline-concordant care using automated and manual chart review methods. DISCUSSION: Electronic medical records can validly identify many cases of new-onset depression, although with a higher-than-anticipated rate of false-positives. Half of depressed veterans received care consistent with clinical guidelines for psychopharmacological intervention, regardless of data source. SUMMARY: Clinical managers, administrators, and policy advocates must weigh the cost-benefit of administrative versus medical record reviews to assess quality.
PMID: 14513671

9: Med Care. 2003 Sep;41(9):1013-23.
From profession-based leadership to service line management in the Veterans Health Administration: impact on mental health care.
Greenberg GA, Rosenheck RA, Charns MP.
OBJECTIVES: To investigate the impact of implementing service line organization on the delivery of mental health services. METHODS: Survey data on the implementation of service lines and facility-level administrative data on the delivery of mental health services at 139 Department of Veterans Affairs medical centers (VAMCs), over a 6-year period, were used to examine the relationship between service line implementation and subsequent performance in 4 areas: 1) continuity of care (COC), 2) readmission after inpatient discharge, 3) emphasis on community-based mental health care (as contrasted with inpatient care), and 4) maintenance of proportionate funding for mental health care. Models were analyzed using hierarchical linear modeling techniques to control for potential autocorrelation. RESULTS: Of 6 COC measures, 1 strongly improved in all years following service line implementation, and 3 of the 5 other measures demonstrated improvement in the first year. One of 2 readmission measures showed a decline in the first year after service line implementation. Service line implementation was associated with only 1 indicator of increased emphasis on community-based mental health care (and only in the first year), whereas 3 of the 4 other measures suggested a decline in such emphasis. Lastly, although there were increases in per capita mental health expenditures 3 or more years after service line implementation, 2 related measures indicated that service line implementation was associated with a decline in mental health expenditures relative to nonmental health services. CONCLUSION: Service line implementation was associated with significant, although predominantly short-term, improvement in patient level variables such as continuity of care and hospital readmission, but less so with regard to institutional measures addressing emphasis on outpatient care and maintaining proportionate funding of mental health services.
Publication Types:
PMID: 12972841

10: Qual Manag Health Care. 2002 Summer;10(4):29-37.
Enhancing VHA's mission to improve veteran health: synopsis of VHA's Malcolm Baldrige award application.
Ohldin A, Taylor R, Stein A, Garthwaite T.

The Veterans Health Administration (VHA) provides health care value to an aging veteran population in the midst of rising health care costs and the necessity to demonstrate improvements in the quality of care. The Malcolm Baldrige framework offers a comprehensive assessment of the organization's management system, performance improvements, and the promise to enhance health outcomes, including quality and patient satisfaction. This article will describe the development, current status, and future plans within VHA for the Malcolm Baldrige Award for Healthcare.
PMID: 12938254

11: Science. 2003 Aug 29;301(5637):1182-3.
Comment on:
Science. 2003 Jul 4;301(5629):24-5.
Strengthening VA clinical research.
Chemtob CM.
PMID: 12952000 [

12: Science. 2003 Aug 29;301(5637):1182-3.
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Science. 2003 Jul 4;301(5629):24-5.
Strengthening VA clinical research.
Principi AJ.
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13: Science. 2003 Aug 29;301(5637):1182-3.
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Science. 2003 Jul 4;301(5629):24-5.
Strengthening VA clinical research.
Lederle FA.
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